Unannounced Inspection Report: Independent Healthcare

Strathcarron Hospice | Strathcarron Hospice | Denny
25–26 February 2015
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1 A summary of our inspection

About the service we inspected

Strathcarron Hospice is an independent hospital providing hospice care. The service is provided by Strathcarron Hospice, a charitable organisation and is situated on the outskirts of Denny.

Strathcarron Hospice’s vision is to:

- provide specialist palliative care services and expert end of life care for the people of Forth Valley, Cumbernauld and Kilsyth, and
- promote the delivery of palliative care across this area.

The hospice is located in its own grounds which are beautifully landscaped. The car parking facilities are to the front and rear of the building. There are two separate buildings: the main original building and a separate extension which are connected to each other by a linked corridor.

People can use the hospice in a number of ways. They can:

- visit the day service for individual appointments or to attend a group
- receive visits from specialist nurses to their home (through the community nurse specialist team), or
- be admitted to the hospice inpatient unit.

All of the services offered by the hospice work together to meet the palliative care needs of people with progressive, life-limiting illness.

The hospice provides specialist palliative care for up to 24 adults over the age of 16 in their inpatient ward. Care is provided using a multidisciplinary team of healthcare staff. The 11 single rooms and three multiple-bedded rooms are divided into three small ward areas. All of the single rooms have ensuite facilities. There are various sitting rooms, including a large conservatory and rooms with facilities for visiting children.

The hospice offers a range of complementary therapies, counselling and bereavement support services and a place of worship.

The day service is run by experienced palliative care staff where up to 20 people can attend from home. This service provides people with holistic care and support with their illness.

The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness.

A team of trained volunteer staff support Strathcarron Hospice in various activities such as fundraising, gardening, driving and welcoming people at reception.

The aim of the service is to sustain, develop and deliver a full range of quality services.
About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Strathcarron Hospice on Wednesday 25 and Thursday 26 February 2015.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure, and a public partner Ken Barker. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards for hospice care. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 6 - Excellent
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for Strathcarron Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 5 March 2013.

During the inspection, we gathered information from a variety of sources. This included:

- information leaflets about the services provided
- viewing the website
- five patient care records
- various policies, procedures, minutes of meetings
- accident and incident records
- audits
- staff files
- records verifying the professional registrations for staff
- training records
• comments and questionnaires from patients and relatives, and
• maintenance records.

We spoke with a number of people during the inspection, including:
• seven patients and one family carer
• the director of nursing
• a ward sister
• a palliative care specialist doctor
• three staff nurses
• two healthcare assistants
• housekeeping staff, and
• the head of maintenance.

We inspected the following areas:
• a ward including a sample of single rooms and three multi-bedded rooms
• family overnight accommodation
• toilets, bathroom and shower facilities
• lounge and quiet rooms, and
• the day service including consulting, therapy and physio rooms.

**What the service did well**
We noted areas where the service was performing well.

• The service provided a very high standard of care, treatment and support to the patients and relatives visiting the service.
• The service was well known and linked with other local resources within the NHS as well as other charitable providers.
• There was a dedicated and caring team of staff who were focused on providing care and comfort to all patients and relatives.
• Strathcarron Hospice continued to offer a high quality service which was appreciated and commended by patients and relatives.

**What the service could do better**
We did find that improvement was needed in the following areas.

• Risk assessments for the use of bedrails must be introduced.
• Some areas of documentation within the patient care records should be improved.
• Increasing the number of single rooms should be considered to provide a greater choice to patients who prefer privacy and quiet.

This inspection resulted in one requirement and nine recommendations (see Appendix 1 for a full list). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.
Strathcarron Hospice, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Strathcarron Hospice for their assistance during the inspection.
2 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 5 March 2013.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent
Staff told us that patients were always involved in the development of any new leaflets.

The hospice chaplain had involved patients with the development of the new leaflet explaining all about the chaplaincy service. Notes had been kept of patients’ comments and these had influenced the content of the leaflet.

A focus group was held to gather the views of patients in the production of a leaflet aimed at helping patients put their future wishes down on paper. The leaflet was called ‘Thinking ahead – what is important to me.’ Staff told us that the leaflet’s content had been adopted more widely for use by NHS Forth Valley.

A project aimed at improving nutritional care within the hospice had involved patients in the content and design of leaflets. These leaflets explained about the loss of appetite and information on how to manage this symptom.

Staff told us patients had been involved with the recent changes to the hospice website, in reviewing the layout and content of the web pages.

A short questionnaire had been used to gather comments and feedback from patients on the quality of information they received about the hospice services. The questionnaires were completed at the end of 2014 and we noted that all of the patients were satisfied with the quality of information provided. No suggestions were made by patients on how this could be improved.

Area for improvement
We have commented in Quality Statement 1.1 on the process of gathering feedback from patients and how this could be strengthened.

■ No requirements.
■ No recommendations.

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent
A wide range of leaflets was available for patients and families explaining the hospice services, including:

• information for ward patients
leisure activities available on the ward
patient and family support - ‘How can we help you?’
complementary therapies
enjoying mealtimes at Strathcarron Hospice
information for day care patients, and
community clinical nurse specialists.

The leaflets were easy to read, comprehensive and contained information, such as contact numbers and arrangements for visiting. These leaflets were displayed at information points around the hospice.

The service had arrangements in place to access interpretation services when needed for a patient whose first language was not English.

The hospice website had recently been redeveloped. We saw lots of information on the website which included the information leaflets and how the patients and families can make a complaint if they are not satisfied with the care they have received.

Patients told us that the option of a half-day trial visit to the day care service was very helpful and allowed them to find out about the services the hospice offered. We asked patients if they had received sufficient information about the hospice and they all stated that they had, after they had visited.

We spoke with seven patients about the quality of information they received and they told us it was:

‘Readily available.’
‘Very good information from staff and leaflets.’
‘Honest information and mutual discussion no jargon or complicated language.’

Area for improvement
Although patients felt they had been given enough information to help them decide if they wanted to use the service, some were not provided with leaflets before their admission. This may be due to the referrers not providing the information rather than the hospice themselves. The service could consider more ways to promote the written information and website, with referrers providing this information to patients as proactively as possible.

■ No requirements.
■ No recommendations.
Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good

The service user involvement strategy sets out objectives for involving patients and the principles of participation in evaluating and developing the service.

We noted the main formal method of gathering feedback from patients on the quality of care and support it provided was by using a short questionnaire. This asked:

- What is good?
- What can be improved?

The questionnaire also had a small space for patients to add their comments. We saw lots of positive comments made in the completed questionnaires about the quality of care and support patients received.

The service used a mealtime comments card to gather feedback on the quality of food. This had been collated into a ‘You said/ We did’ response to show that comments made were acted upon. For example, a patient asked for a vegetarian option and the menu was reviewed to ensure a daily vegetarian option was available.

We noted that a comments book was available in the quiet room for patients and relatives to record their thoughts and comments. The service also provided a suggestion box, but we were told that this was rarely used.

We saw a new questionnaire was about to be used to gather feedback on the daycare arts and crafts service. This was a good format to use and could provide valuable feedback on this aspect of the service.

Patients told us that they were fully involved in the decision-making about the care and treatment they received. The patient-led goals showed that the issues that were of most concern to patients were recorded and action plans were produced to help achieve, where possible, the goals agreed.

Areas for improvement

We found that the formal method for patients giving feedback about the service was limited to the short questionnaire and this was not used routinely.

The method of gathering feedback could be better defined and provide more options, for example, comments cards, online feedback or recording of verbal comments. The service needs to determine when and how this would be done. This would provide the service with a clearer framework that could be monitored and reported on (see recommendation a).

The service could agree how to collect and collate evidence of feedback on the different themes. A more public ‘You said/ we did’ format would ensure that the feedback obtained was openly seen and any suggestions acted upon.
■ No requirements.

Recommendation a

■ We recommend that the service should develop procedures to support the different methods patients and families can provide feedback on hospice services.

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 - Very good
At the time of the inspection, the staff were still getting used to the new electronic recording system for patient care records that had been recently introduced.

We looked at five patient care records which were held electronically. We saw that the doctor carried out an initial assessment to the patient on admission to the inpatient unit. Where possible, a nurse was also involved with the assessment to prevent duplication of questions for the patient. The electronic record showed that all of the expected domains of care were covered: physical, psychological, emotional, social and spiritual. We noted that the psychological and spiritual sections of the record had been fully completed with all the details showing that these issues for the patient had been understood by staff.

Various risk assessments had been carried out, some by medical staff and others by nurses. These included:

- risks of blood clots
- a cognitive assessment
- pressure sore
- falls, and
- nutrition.

A goal-based plan was agreed with the patient and is central to their assessment. This set out what is important to the patient and what they wanted to achieve during their stay.

There were sections of the electronic notes to record the legal status of the patient with regards to decision-making.

A folder was used to store some paper records for ease of access at the patient’s bedside. We saw that these included details on:

- inpatient prescription charts
- daily record of care, and
- a nutritional assessment.
We noted that every entry made in the patient’s record was relevant and included the time, date and which member of staff made the entry. This meant that there was a clear record of all staff involved in the delivery of care and every consultation.

Staff received a written and verbal handover at shift changes. This helped to highlight important information, such as safety concerns or changes to medication.

From the five patient care records we examined, all of them had the resuscitation decisions recorded appropriately. This included the signature of the senior clinician and the timeframe for review. Two of the patient care records were of patients who had recently passed away. These records showed that:

- the end of life care plan was used to record the patient’s wishes, and
- the preferred place of care and preferred place of death were recorded.

The patients that we spoke with were very complimentary about the care and support provided by the service. All rated the care as ‘excellent’ and provided these comments:

- ‘First class - everything about this place.’
- ‘On-going treatment and specialist very good.’
- ‘My dietary needs are accounted for, I’m not able to take solid food but staff prepared an omelette at lunchtime even although it wasn’t on the menu.’

**Areas for improvement**

The service had no risk assessment in place to consider the risks of using bedrails. There have been known accidents involving this equipment, therefore care must be taken before introducing them. During the inspection, we observed a patient in bed with the bedrails raised, who was agitated and calling out. Their electronic record was checked to see what assessment had been carried out to consider their cognitive status and safety issues. There was no system in place to record this, although there had been a previous checklist in use, which had not been transferred to the electronic record (see requirement 1).

In two of the records we viewed, the patient’s medical history was not completed. This meant that important aspects of the patient’s record were missing. Two of the patient care records did not detail the patient’s relatives’ addresses. Although staff told us a verbal discussion had taken place with patients about their proposed length of stay and their agreement to care plans, this could have been recorded more clearly. Staff told us that this was due to staff getting used to the new recording system (see recommendation b).

One of the patients had a family member with a financial power of attorney. It was difficult to identify from the patient care record who this family member was and what checks had been carried out to ensure this was accurate (see recommendation c).

We found that the nutritional assessment was not always used consistently. In the case of two patients who were at end of life, the section to record nutrition and hydration was not completed. Therefore, important discussions about how this was to be managed, such as, reducing the patient’s intake by mouth had not been recorded clearly (see recommendation d).

There were some gaps in the completion of the patient care records. The service needs to address this by agreeing a standard of completion expected for staff using the new recording
system and agree an audit to ensure compliance. This needs developing as staff get more confident in using the system (see recommendation e).

**Requirement 1 – Timescale: by 30th April 2015**

- The provider must implement a risk assessment for the use of bedrails. To do this the provider must:
  - a) take account of the type of bed(s) in use, the risks to the patient of entrapment and restraint
  - b) ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and
  - c) ensure alternatives are considered and made available in keeping with restraint best practice guidance.

**Recommendation b**

- We recommend that the service should ensure that the full medical history, address of next of kin, discussion about length of stay and consent to care plans is recorded.

**Recommendation c**

- We recommend that the service should ensure that the name of any power of attorney is recorded clearly and proof of this legal status is confirmed.

**Recommendation d**

- We recommend that the service should develop a clearer record of assessment and outcomes of assessment in relation to hydration and nutrition, particularly for end of life care.

**Recommendation e**

- We recommend that the service should develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.1**

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

**Grade awarded for this statement: 5 - Very good**

The service’s main method of gathering feedback was using the short questionnaire which asked patients to comment on the environment and make suggestions on anything that could be improved.

We saw that the infection control audit asked patients for specific comments about cleanliness of the rooms they were in.
Alterations to the bathrooms had involved patients in commenting on the design and preferences for baths or showers.

**Area for improvement**

More specific feedback could be sought from patients using the multi-bedded bays on aspects of privacy and noise. The preference for having a single room or sharing was not recorded, although staff told us they would try to meet this preference whenever possible. Recording preferences means that the service can establish more clearly the needs and wishes of patients (see recommendation f).

- No requirements.

**Recommendation f**

- We recommend that the service should establish and record patient preferences for single or shared rooms. This will give the patients choice when possible.

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

**Grade awarded for this statement: 5 – Very good**

The hospice is made up of a day service within the original building and an inpatient unit which was purpose built. All the patient accommodation is located at ground floor level. The overall building design means that there are two separate buildings joined by a link corridor. In the event of a fire, evacuation can be undertaken to the unaffected building. We walked around the hospice and found that all areas of the hospice were clean, tidy, bright and welcoming.

The day service area had a large lounge with various rooms off where patients can be seen by doctors, nurses or therapists. There was a large craft room and hairdressing facilities. Patients had their lunch in a wood panelled dining area which reflects the character of the old building.

The inpatient area had accommodation for 24 patients: 11 single rooms with ensuite facilities, two four-bedded rooms and a five-bedded room which had access to toilet and bathroom facilities off the main corridor. The four bathrooms had been upgraded to provide more relaxing environments, with mood-lighting and integrated sound systems, where patients could play their own music. A variety of quiet rooms could be used by families and patients. These were comfortable and furnished to a high standard. There were facilities for families to stay overnight and good facilities for children. The chapel was available for all faiths.

We spoke with the domestic supervisor and domestic staff who were able to show us the systems and processes in place for the cleaning of the hospice, including cleaning schedules. Controls of Substances Hazardous to Health (COSHH) risk assessments were also present.

We spoke with the maintenance manager who showed us service records for non-clinical equipment, including equipment serviced by outside contractors. He was also able to show us the process for reporting and recording issues with equipment and how that was dealt with each day. We saw evidence of environmental risk assessments, including fire and water
assessments. Clinical staff were able to show us the process of maintenance for clinical equipment and how that was managed with the medical physics department at Forth Valley Royal Hospital.

We saw the minutes of regular health and safety and infection control meetings. Policies and procedures to support the control and prevention of infection were in place. We saw that many nursing and domestic staff had completed their cleanliness champion training and we were informed that two staff, the operations manager and the maintenance manager, had both completed the Institution of Occupational Safety and Health (IOSH) Managing Safely course.

We saw evidence of fridge and room temperatures in medication storage areas being checked and recorded.

The patients we spoke with said they felt safe and had confidence in the staff and systems that were in place in the hospice to ensure their safety.

Patients we spoke with were also very complimentary about the environment and facilities at the hospice and made comments such as:

- ‘Very safe – staff are always on hand.’
- ‘It’s a calm and secure environment.’
- ‘Comfortable temperature, clean ward and fresh feel.’
- ‘All very good.’

Areas for improvement
During our walkround, it was noted that some areas did not have clinical hand wash basins that complied with the new standards, and there was no current risk-based plan for replacing those basins that were not compliant (see recommendation g).

It was noted that the clinical nursing cleaning matrix, although very comprehensive, had not been fully completed. Some areas were left blank, making it difficult to assess whether the equipment was still to be cleaned or if the equipment was not present in that room, therefore making it not applicable. All staff should be aware of the system in place to complete the cleaning matrix. The matrix should be regularly checked and signed off by a senior staff member. This could be audited to identify areas of weakness.

Due to the design of the building, up to 13 patients had to share three multi-bedded rooms with no ensuite facilities. The choice of a single room was not always possible. This could affect the privacy and dignity of the patients and the service should consider developing a plan to reduce the occupancy of these rooms (see recommendation h).

The ward reception, which was also the nursing station, had a very high counter around it making it difficult for patients or carers to look over. This also restricted access and acted as a barrier to communication. The service could consider lowering the counter to improve access and communication.

The service did not use a sign-in or sign-out system for staff or visitors. At the time of our inspection the service was having ongoing discussions about the pros and cons of having this system.
 Recommendation g
We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account the use of the basin, its design and the wider plan for the maintenance and upgrade of the hospice facilities.

 Recommendation h
We recommend that the service should develop a plan to reduce the availability of the multi-bedded rooms and increase the choice of single rooms.

Quality Theme 3 – Quality of staffing

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<td>We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.</td>
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Grade awarded for this statement: 5 - Very good

The service’s main method of gathering feedback was using the short questionnaire which asked patients to comment on the quality of staff and make suggestions on anything that could be improved.

The doctors had obtained a lot of feedback from patients as part of the process to maintain their registration. We saw a collated report showing the results of the questionnaires which rated the doctors as good, very good and excellent.

Area for improvement
More specific feedback could be sought from patients on other staff groups.

The service could consider involving patients or patients’ representatives in the recruitment, training and appraisal of staff.

- No requirements.
- No recommendations.

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<td>We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.</td>
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Grade awarded for this statement: 6 - Excellent

The service had an education and practice development department with a team consisting of:

- a head of department,
- two practice educators, and
• a practice development facilitator.

The team met every month to plan and develop a programme to include the main concepts of national direction and local initiative. The priorities for this programme were identified in collaboration with clinical staff. This consisted of:

• face-to-face learning for all staff groups
• mandatory training days,
• clinical skills update days, and
• medicine management days.

The team also organised training sessions for community and hospice staff for issues, such as syringe drivers. Staff had access to e-learning for specific modules, such as blood transfusion. The team monitored all staff training to ensure it was relevant and up to date.

Every year, where possible, online verification systems were used to check and record nurses and allied health professionals registrations.

Staff and volunteers took part in comprehensive induction, mentorship and annual mandatory training programmes which covered issues about health and safety, fire awareness, child and adult protection, moving and handling, and infection control.

All registered staff were encouraged to complete an accredited palliative care course at degree level, although many staff had completed a palliative care course at postgraduate level. Education for non-registered staff was also being developed, with all staff encouraged to attend in-house training to develop their skills.

An outreach education workplan and training days were being organised for care home workers as well as tailor-made education days for local council care home workers. All the training was about palliative and end of life care and dementia awareness.

The service had a well-developed programme of clinical supervision which all clinical staff were encouraged to attend.

All clinical staff took part in regular reflective peer support sessions which were carried out at the staff’s request. This allowed staff to raise any issues which may have caused them emotional or spiritual distress or concern. Staff could then seek solutions or offer support as a group.

The yearly performance appraisal used a system of self-assessment and manager assessment. This then allowed staff to create a development plan tailored to their needs.

The service had excellent systems in place with NHS Forth Valley to ensure medical revalidation was completed on time which was commended by the Healthcare Improvement Scotland’s revalidation panel as a good example of how organisations can work together.

All staff were enthusiastic about the education provided within the hospice saying they were well supported and enjoyed their work. Staff we spoke with were committed to the work of the hospice and everyone was proud of their association with the hospice. Volunteers stated they felt valued, and had access to training events and induction to the hospice.

Patients we spoke with were very complimentary about the quality of staff.
• ‘Staff are attentive and professional.’
• ‘All staff including volunteers are very accommodating and nothing is too much trouble for them.’
• ‘Drivers are volunteers (a great service).’
• ‘The biggest plus (staff).’

Areas for improvement
None identified on this visit.

■ No requirements.
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 6 - Excellent
The service’s main method of gathering feedback was using the short questionnaire which asked patients to comment on the quality of management and leadership and make suggestions on anything that could be improved.

Staff told us that patients had been involved in service evaluations. Members of the carers group had been asked for feedback following a 4-week stress management programme, in 2013. A questionnaire was used to gather their views on the sessions they had attended and the results were published in a report. This resulted in a number of recommendations for future course improvements and service developments, such as working jointly with the Royal Princess Trust for Carers.

A patient experience survey report was published in April 2014 in relation to the community specialist palliative care team. This report was based on a survey of 62 community patients and asked for feedback on this service. The results suggested that patients valued the service highly.

The council of management for the service was made up of people from a range of backgrounds and this included service users and people with experience of using palliative care services.

Staff told us that patients had been involved in making a film about the hospice. The purpose of the film was to help inform the public about the work of the hospice and encourage those that could benefit to use the services. The patients had decided on format, content and also took part in the film.

Open door events had taken place at the hospice and another one was due to take place. The event involved an art display created by patients. The purpose again was to encourage the public to be involved and be part of the service.
The service’s self-assessment recognised that further development could take place to involve service users in shaping the service and how it was managed.

Area for improvement
We spoke with management about the possible benefits of creating a user reference group. This group could be used to provide a user perspective on issues such as policy review and involvement in committees.

- No requirements.
- No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good
The service had systems in place to help monitor the quality of the service delivered. This was overseen by the healthcare governance committee. We saw minutes of these meetings.

Subgroups reported to this committee, including:
- medicines management committee, and
- infection control committee.

Separate to this, the health and safety committee had regular meetings and reported activity to the building committee. In turn, these committees reported to the council of management which oversaw all hospice activities.

We saw minutes for meetings of the audit committee and saw they had considered the risks associated with introducing the electronic notes systems. This committee was focused primarily on financial matters.

Some clinical audits had been carried out to monitor aspects of the service. These included an audit of ‘Just in case’ boxes in the community and specific medication-related side effects (morphine related). Proposals were in place for further audits such as falls, mouth care and the prescriptions for a specific medication (fentanyl).

Incidents and accidents were recorded and, depending on the nature of the issue, were either reported through the clinical governance or the health and safety committees.

We saw minutes of the medicines management committee and saw that drug anomalies were recorded and learning points identified. Trends were monitored and these had decreased in 2014.

A risk register was in use and this was monitored regularly. A risk matrix was used to consider risks identified and control measures were recorded.

The inpatient unit carried out monthly monitoring of key areas, including:
- pressure ulcer incidence
• nutrional assessment
• falls, and
• anticipatory care plans

A 3-monthly management report gave a summary of operational and strategic issues. This included complaints and incidents.

The Cass Business School had provided an external report in May 2013. This report considered the governance structures and provided valuable examination and recommendations for improvement. A Board development plan was produced in response.

**Areas for improvement**

We tracked an accident involving a patient who had fallen and sustained a serious injury. Although there was an investigation and analysis of the incident, we could not be certain that the action plan was reported to and recommendations acted upon by senior management. The incident was not discussed through the health and safety committee or the clinical governance committee. When we asked the staff about this, they were uncertain about the responsibilities of these groups. The service therefore needs to ensure there are definitions and clear lines of reporting for clinical incidents.

The service user involvement strategy stated it was intended that user involvement work would be reported regularly to the hospice clinical governance committee and, council of management, but this lacked a clear structure.

Overall, there was a need for a review of governance structures to ensure overarching quality assurance policies were set out with structures to monitor subject areas. Where actions are identified, these should link to a service improvement plan that can be overseen and monitored clearly (see recommendation i).

The nutritional project which had been introduced was well structured and evidenced based. However, it was noted that the completion of some of the nutritional screening tools and dietary intake charts was not being carried out consistently. The service could benefit by checking the records regularly to ensure staff were completing these correctly. This could link to the future audit of record-keeping.

■ No requirements.

**Recommendation i**

■ We recommend that the service should review clinical governance structures to ensure that clinical incidents are not missed and user involvement is monitored and reported on.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

**We recommend that the service should:**

a. develop procedures to support the different methods patients and families can provide feedback on hospice services (see page 12).

National Care Standards – Hospice Care (Standard 21 – Expressing your views)

### Quality Statement 1.5

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>implement a risk assessment for the use of bedrails. To do this the provider must:</td>
</tr>
<tr>
<td></td>
<td>a) take account of the type of bed(s) in use, the risks to the patient of entrapment and restraint</td>
</tr>
<tr>
<td></td>
<td>b) ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and</td>
</tr>
<tr>
<td></td>
<td>c) ensure alternatives are considered and made available in keeping with restraint best practice guidance (see page 14).</td>
</tr>
</tbody>
</table>

Timescale – by 30 April 2015

*Regulation 3a) and 3c)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>b</th>
<th>ensure that the full medical history, address of next of kin, discussion about length of stay and consent to care plans is recorded (see page 14).</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Care Standards – Hospice Care (Standard 2.2 – Assessing your needs)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c</th>
<th>ensure that the name of any power of attorney is recorded clearly and proof of this legal status is confirmed (see page 14).</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d</th>
<th>develop a clearer record of assessment and outcomes of assessment in relation to hydration and nutrition, particularly for end of life care (see page 14).</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Care Standards – Hospice Care (Standard 5.2 – Quality of care and treatment)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e</th>
<th>develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service (see page 14).</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Care Standards – Hospice Care (Standard 5.2 – Quality of care and treatment)</td>
<td></td>
</tr>
</tbody>
</table>

**Quality Statement 2.1**

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>f</th>
<th>establish and record patient preferences for single or shared rooms. This will give the patients choice when possible (see page 15).</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Care Standards – Hospice Care (Standard 4.5 – Premises)</td>
<td></td>
</tr>
<tr>
<td>Quality Statement 2.2</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>Requirements</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
<td></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
<td></td>
</tr>
<tr>
<td>g identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin, its design and the wider plan for the maintenance and upgrade of the hospice facilities. (see page 17).</td>
<td></td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 4.5 – Premises)</td>
<td></td>
</tr>
<tr>
<td>h develop a plan to reduce the availability of the multi-bedded rooms and increase the choice of single rooms (see page 17).</td>
<td></td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 4.5 – Premises)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>i review clinical governance structures to ensure that clinical incidents are not missed and user involvement is monitored and reported on (see page 22).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)</td>
</tr>
</tbody>
</table>
Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/03/2013</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>6 - Excellent</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection:** the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

- 6: excellent
- 5: very good
- 4: good
- 3: adequate
- 2: weak
- 1: unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
## Appendix 6 – Terms we use in this report

### Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.